

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS

DENTAL LABORATORY TECHNICIAN-CERAMICS
APPLICATION: DB-03-04
ISSUE DATE: February 16, 2004
THIS IS NOT A CIVIL SERVICE POSITION

I. **IMPORTANT INFORMATION:** CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **March 9, 2004**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 022B
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22B"

A. NOTICE. This position is set aside for individual Dental Laboratory Technicians (ceramist) only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing dental services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. DENTAL LABORATORY TECHNICIAN. The Government is seeking to place under contract an individual who is either (a) certified as a Dental Technician in Ceramics and/or Crown and Bridge as determined by the National Board for Certification (NBC), (b), possesses at least 6 years experience within the preceding 8 years as a dental laboratory technician in Ceramic and/or Crown and Bridge, or (c), has successfully completed military dental technician school and 2 years experience within the preceding 3 years. This individual must also (1), meet all the requirements contained herein; and, (2) competitively win this contract award.

Services shall be provided at Branch Dental Clinic Naval Air Station Pensacola, FL under the auspices of the Naval Dental Center Gulf Coast.

You shall be on duty in the assigned clinical area for 40 hours service Monday through Friday each week, between the hours of 0600 and 1800. You shall normally provide services for a 9-hour period including an uncompensated 1-hour for meal break. Specific hours shall be scheduled two (2) weeks in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a laboratory technician.

You shall accrue eight hours of personal leave, to be used for both planned(vacation) and unplanned (sickness) absences at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Dental Center, Gulf Coast, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. GENERAL DUTIES AND RESPONSIBILITIES. Services provided under this contract shall be subject to guidelines including OSHA regulations, DOD directives, Department of the Navy directives and instructions, current Prosthodontic and Dental Technology literature, local Quality Assurance and Standard Operation Procedure standards and in-house Performance Quality Standards requirements. The technical aspects of fabricating dental prostheses requires judgment in the application of current dental technology and prosthodontic standards. Instructions are specifically stated on the laboratory work request, or given directly by the dental officer. In more complex cases, interpretation and adaptation of standards is referred to the Head, Dental Laboratory Department or Director of the Area Dental Laboratory.

1. You shall be responsible for the delivery of treatment within the personnel and equipment capabilities of the DTF, provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided.

2. You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform administrative duties that include maintaining statistical records of your clinical workload, participating in dental education programs, preparing documentation for boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer, consistent with other technicians providing the same level of care.

3. You will be evaluated annually on your performance and adherence to the requirements of your contract. However, the Government reserves the right to evaluate you semi-annually. Additional (i.e. special) evaluations may be performed to correct clinical or other performance deficiencies identified by the Government. The totality of scheduled performance evaluations, any special evaluations, memoranda of counseling sessions, and any other documentation generated by the Government will constitute your complete evaluation.

4. SPECIFIC FUNCTIONS

4.1. ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall:

4.1.2. Become familiar with and follow standardized (Navy) concepts of Laboratory operation, and

4.1.3. Enhance technical skills through attendance of internal/external continuing education courses, and through self-study. All continuing education documentation shall be submitted to the Director, Area Dental Laboratory or designee, and

4.1.4. Direct supporting Government employees assigned to him or her during the performance of clinical procedures. Such direction and interaction will comply with government and professional clinical standards and accepted protocols. The health care worker will be subject to guidelines set forth in the Command's quality assurance and risk management instructions. The health care worker shall perform administrative duties that include maintaining statistical records of his or her laboratory workload, participating in laboratory education programs,

preparing documentation for boards, and participating in laboratory quality assurance functions at the prerogative of the Commanding Officer, and

4.1.5. Take initiative to make observations known to the appropriate individual in the chain of command if a problem or deficiency is recognized in the productions, quality assurance, or operation of the organization, and

4.1.6. Finish all ongoing work prior to any programmed absences, or make team members aware of uncompleted projects prior to such absences so they can be finished in a timely manner, and

4.1.7. Attend annual renewal of Government-provided training requirements for family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety, and

4.1.8. Meet with the Director or designee, Area Dental Laboratory at least on a monthly basis to discuss problems, quality, and work quantity levels as they affect the performance of this contract. The Director, Area Dental Laboratory will be the final authority on decisions pertaining to performance and quality. Director, Area Dental Laboratory will conduct an official evaluation at least semi-annually on performance and adherence to requirements, and

4.1.9. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

4.1.10. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

4.1.11. You may be assigned other duties consistent with the normal duties of a dental laboratory technician as directed by the Commanding Officer to include, but not limited to, participating in command quality improvement and assurance meetings, etc.

4.2. CLINICAL PERFORMANCE. You shall:

4.2.1. Perform a full range of dental laboratory technician duties, within the scope of this statement of work, on site using government furnished facilities, supplies, and equipment within the assigned unit of the Dental Facility. Actual performance will be a function of the overall demand for dental laboratory technician services.

4.2.2. Exhibit a customer care attitude for both internal and external customers and interact with those customers in a professional, courteous and service-oriented fashion. All customers' case related materials shall be handled with utmost care in order to preserve their quality and integrity.

4.2.3. Wear personal protection equipment such as scrub attire, gloves, masks, and eye protection and other required personal protection equipment. The work environment involves risks typically associated with the performance of clinical oral procedures and you may be exposed to contagious disease, infections and flying dental debris.

4.2.4. ORIENTATION. You shall undergo a one-day on-site orientation within 30 days after start of performance. Orientation shall include familiarization with the facility, introduction to the Quality Improvement Program, introduction to Naval Dental Center rules and regulations, introduction to military protocol such as military structure, time and rank, parking permits, infection control protocols and clarification of rights and responsibilities.

4.3. CLINICAL PRODUCTIVITY.

4.3.1. Your productivity will be a function of the overall demand for dental laboratory technician services. Your productivity is expected to be comparable to that of other dental laboratory technicians assigned to the same facility and authorized the same scope of practice. Specifically, you shall produce:

4.3.1.1. Crown and bridge – 95 DLWV's per calendar month, and

4.3.1.2. Porcelain – 85 DLWV's per calendar month.

4.3.2. These metrics are dynamic and variations are to be expected. However, the Government does not view these variations as a change to the requirements contained herein. Productivity requirements will be apportioned for partial month services.

4.4. CLINICAL ACTIVITY. You shall:

4.4.1. Read, interpret, and apply requirements described in a dental prosthetic prescription (DD Form 2322) and

4.4.2. Design and Fabricate full metal restorations and metal substructures; apply a knowledge of recognized techniques and mastery of design requirements for all substructure fabrication; consult with your supervisor if any questions in design should arise, and

4.4.3. Fabricate by waxing, spruing, investing, fitting and finishing various metal components into the prescribed prosthesis. Produce an average of ten finished units of crown and bridge per day consistent with workload. The work performed shall be at the quality level described by quality control personnel, and

4.4.4. Design and wax single unit and fixed partial denture substructure for full metal or porcelain application and function, and

4.4.5. Contour precious, semi-precious and non-precious alloys to esthetically replicate natural tooth structure, and

4.4.6. Fabricate complex esthetic intraoral fixed dental prosthesis to include single units, multiple units and units in combination with removable partial dentures, complete dentures or implant fixtures, and

4.4.7. Utilize survey/milling instruments to fabricate customized surveyed crowns and fixed partial dentures, and

4.4.8. Fabricate precision occlusal morphologies and occlusal schemes on individual and multiple fixed units in porcelain, and

4.4.9. Use applicable laboratory hardware, dental materials and techniques in the fabrication of precision attachment cases and implant restorations, and

4.4.10. Invest, cast and solder single unit crowns and fixed partial dentures, and

4.4.11. Utilize appropriate metal alloys and design as they apply to porcelain application and soldering procedures, and

4.4.12. Transfer maxillo-mandibular interocclusal records to articulators, and

4.4.13. Utilize simple, semi-adjustable, and fully adjustable articulators in the fabrication of precision dental prosthesis, and

4.4.14. Disinfect casts and other dental materials used in the fabrication of dental prosthesis. Pour dies, conventional impressions, and implant impressions, and

4.4.15. Apply porcelain to metal substructures, contour, seat and finish porcelain crowns to produce an average of 5- 8 finished units per day, consistent with workload. The work performed shall be at the quality level described by quality control personnel, and

4.4.16. Ensure that the porcelain fused to metal crowns and all ceramic crowns fabricated by the ADL meet the quality standards and requirements of the Dental Officer's prescription and the ADL standards for quality, and

4.4.17. Fabricate ceramic crown and/or porcelain veneers as prescribed by dental providers, and

4.4.18. Fabricate fixed dental prosthesis to include single units, multiple units and units in combination with RPD',

complete dentures or implant fixtures, and

4.4.19. Contour porcelain to esthetically replicate natural tooth structure, and

4.4.20. Design, wax and cast single unit and fixed partial substructures for porcelain application and function, and

4.4.21. Transfer maxillo-mandibular interocclusal records to articulators.

4.4.22. Clean and maintain your work area to meet the clinic's standards.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Either (a), be a certified Dental Technician in Ceramics and/or Crown and Bridge as determined by the National Board for Certification (NBC), (b) possess a minimum of six years of experience within the previous eight years as a dental laboratory technician in Ceramics and/or Crown and Bridge, or (c), completion of a military dental technician program and two years experience within the preceding 3 years. A list of all former employers for the previous six years must be provided, and

2. Provide letters of recommendation from two practicing dentists or laboratory managers familiar with your work. The letters must attest to your skills, competencies, etc. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Recommendation letters must have been written within the preceding three years.

3. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment III.

4. Represent an acceptable malpractice risk to the Navy.

5. Submit a fair and reasonable price as determined by the Government prior to contract award.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following enhancing criteria, listed in descending order of importance:

1. Experience and training as it relates to the duties contained herein. This may include NBC certifications; then,

2. The letters of recommendation required in item D.2, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,

3. Total Continuing Education hours, then,

4. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

5. Possess prior dental experience in a military Dental/medical facility (provide Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – Dental Laboratory Technician " (Attachment I).

2. _____ A completed Pricing Sheet (Attachment II).

3. _____ Proof of employment eligibility (Attachment III).

4. _____ Two or more letters of recommendation per paragraph D.2., above. (If applicable)

5. _____ Central Contracting Registration Confirmation Sheet (Attachment IV)

6. _____ Small Business Representation (Attachment V)

*Please answer every question on the " Personal Qualifications Sheet - Dental Laboratory Technician ". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/Handbooks.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 621210.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed @ 301-619-2062.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - DENTAL LABORATORY TECHNICIAN

1. Every item on this Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) you are responding to).
2. The information you provide will be used to determine your acceptability. **In addition to this Personal Qualifications Sheet, please submit two letters of recommendation as described in Item V. of this form.**
3. After contract award, all of the information you provide will be subject to verification. At that time, you will be required to provide the following documentation to verify your qualifications: Professional Education Degree or certification, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under this contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim?*	___	___
2. Have you ever been a defendant in a felony or misdemeanor case?*	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?*	___	___

*If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the remainder of the Personal Qualifications Sheet is requested for use in consideration of a contract; disclosure of this information is voluntary; failure to provide this information may result in the denial of the opportunity to enter into a contract.

(Signature)

(Date mm/dd/yy)

Personal Qualifications Sheet - Dental Laboratory Technician (Fixed Prosthodontics - Ceramics)

I. General Information

Name: _____ SSN: _____
Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education:

Certificate/Degree as a Dental Technician in fixed prosthodontics - Ceramics from:

(Name of School and location. Must be approved by the National Board for Certification (NBC))

Date of Degree: _____ (mm/dd/yy)

Certification area(s) _____

Military dental technician school: _____
(Name of School and location) (Date completed)

III. Continuing Education:

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardiopulmonary Resuscitation) for the Professional Rescuer; or equivalent. BLS must be obtained within 60 days of work start.

Training Type listed on Card: _____
Expiration Date: _____ (mm/dd/yy)

V. Professional Employment: List your current and preceding employers for the past 6 years. Experience must total 6 years, within 8 years immediately preceding receipt of proposals. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____

Work performed: _____

V. (con't) Names and Addresses of Preceding Employers

From To

(2) _____

Work performed: _____

(3) _____ **From** **To**

Work performed: _____

Are you currently employed on a Navy contract? If so where is your current contract and what is the position? _____

When does the contract expire? _____

VI. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Attachment III?	_____	_____

VII. Professional References:

Provide two letters of recommendation from practicing dentists or lab managers familiar with your work and who can attest to your clinical skills, competencies, etc. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding 5 years.

VIII. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

IX. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PRICING SHEET - DENTAL LABORATORY TECHNICIAN-CERAMICS**PERIOD OF PERFORMANCE**

Services are required from 5 April 2004 through 30 September 2004. Five option periods will be included that will extend services through 4 April 2009. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dental Laboratory Technician-Ceramics and/or Crown and Bridge in the Pensacola, FL area.

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Dental Laboratory Technician-Ceramics at the Branch Dental Clinic Naval Air Station, Pensacola, FL in accordance with this Application and the resulting contract.				
0001AA	Base Period; 5 Apr 04 thru 30 Sep 04	1032	Hrs	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hrs	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2080	Hrs	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2080	Hrs	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2096	Hrs	_____	_____
0001AF	Option Period V; 1 Oct 08 thru 4 Apr 09	1056	Hrs	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A
LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/>. If you do not have internet access, please contact the CCR Customer Assistance Center at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

After you have completed registration, please forward this document along with your completed application package by the application due date to:

Naval Medical Logistics Command
Acquisition Management Directorate
ATTN: Code 022B
1681 Nelson Street
Fort Detrick, MD 21702-9203

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Personal E-Mail Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

0 Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name Printed: _____

Offeror's Signature: _____

Date: _____

(NOTE: If none of the above are applicable, please print and sign your name and date the document anyway.)